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CONFIRMATION NO. 5613

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|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------------------------|
| SERIAL NUMBER 10/664,736 | FILING DATE 09/18/2003 RULE | CLASS 379 | GROUP ART UNIT 2643 | ATTORNEY DOCKET NO. MS#180503 . 02 (4950.1) |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------------------------|

APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/268,525 03/11/1999 PAT 6,639,975
 which is a CIP of 09/240,893 01/29/1999

yes, on

** FOREIGN APPLICATIONS *****

none, on

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/10/2003

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|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>DN</u> Initials | STATE OR COUNTRY CA | SHEETS DRAWING 12 | TOTAL CLAIMS 34 | INDEPENDENT CLAIMS 6 |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|-----------------------|----------------------------|

ADDRESS

000321
 SENNIGER POWERS LEAVITT AND ROEDEL
 ONE METROPOLITAN SQUARE
 16TH FLOOR
 ST LOUIS , MO
 63102

TITLE

Interactive billing control system

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|------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
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